Testing a Tripartite Strategy in San Marcos

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Summary

Under the Peace Accords signed in December 1996 ending 36 years of civil war, the Government of Guatemala is committed to reducing maternal and infant mortality by 50% by the year 2000. The workplan of the Area health services of San Marcos includes increasing coverage, improving quality, increasing family planning use, and other goals for improving and expanding services. To accomplish the goals of the national and Area health services, the Jefatura de Area of San Marcos proposed to test the components of a tripartite service delivery strategy under which:
1) a new service delivery model to improve quality and expand coverage was developed and tested in the health center in Concepción Tutuapa, San Marcos,
2) a strategy for community education is being tested in health posts in the district of Tacaná, San Marcos, and
3) the feasibility of involving mayors, municipal leadership, and a communal woman leader will be tested.

With support from INOPAL III, the new service delivery model was developed and implemented. It will be evaluated with continued support from the Guatemala Cooperative Agreement. With support from INOPAL III, the community education strategy was put in place; it will be evaluated with continued support from the Guatemala Cooperative Agreement. The third strategy of involving mayors had not produced any results at the end of this first phase.

CONTENTS

I. INTRODUCTION

A. Population and Maternal-Child Health in Guatemala

Guatemala is a Central American country with a population of approximately ten million inhabitants. Of these, 60 percent are western-oriented and Spanish-speaking ladinos and 40 percent are Mayans. The indigenous Mayan population has suffered a long history of repression and inattention to their socio-economic development and health care. Among Mayan women, for example, 53.4 percent of women of fertile age have received no schooling, as compared to 16 percent of ladino women (Encuesta Nacional de Salud Materno-Infantil 1995). Of women giving birth in 1990 - 95, only 24.9 percent of Mayan women received prenatal care from a physician, compared to 58.9 percent of ladino women (ENSMI 1995). Differences are particularly marked in use of birth spacing methods. Only 9.6 percent of Mayan women use any method and 22 percent of these use traditional methods; among ladino women, 43.3 percent use a method, and only 13 percent of these are traditional.

Approximately 2.3 million women in Guatemala are of reproductive age (15-44) and the Total Fertility Rate (TFR) was 5.1 according to the Population Reference Bureau, World Population Data Sheet 1996, a rate exceeded in Latin America only by Honduras with 5.2. The rate has shown a very slow decline from 6.1 in 1978. The TFR for Mayan women was estimated by the 1995 ENSMI to be 6.8, compared to 4.3 for ladino women. Because of these and other indices of excess maternal and infant morbidity and mortality and low levels of use of maternal-child health services, the Mayan population in five departments of the highlands are the proposed beneficiaries of the OR activities of the Population Council in Guatemala from now into the next century.

B. San Marcos

The Department of San Marcos is located in the Southwest part of the country and has both highlands and coastal areas. The 1997 population of San Marcos is estimated at 837,913 inhabitants who live within the 3,791 square kilometer area. The Department of San Marcos is estimated to have a Total Fertility Rate of 6.4. Eighty-seven percent of the population is rural and 43% are Mayans. A map of the department is in Annex 1.

From 1995-1997 the Population Council and the Ministry of Health conducted an Operations Research project in the Departments of Quetzaltenango and San Marcos. Systematic use of an algorithm was tested for decreasing missed opportunities to provide needed services; a community education strategy was tested in Quetzaltenango; and a cost study was conducted in both departments that demonstrated that delivery of integrated services reduces lost opportunities (or increases coverage of services needed by the population that comes to the service site), and at the same time reduces costs in the long term. As part of the institutionalization of findings, at the end of the OR, head nurses from all 20 districts were trained as trainers in family planning and use of the algorithm.

The 1998 workplan of the San Marcos government health services includes the following goals related to maternal-child health: increase coverage; improve quality; decrease

maternal mortality; increase family planning use; increase vaccinations; increase prenatal care and care in the puerperium; decrease mortality from diarrhea and pneumonia in children under 5; and increase attention to STDs/HIV/AIDS. Using health data from the Area, the following municipalities have been designated as high priority: San Antonio Sacatepequez, Comitancillo, Tacana, Tajumulco, Malacatán, Ocos, El Rodeo, Tumbador, Nuevo Progreso and San Miguel Ixtahuacán.

II. PROBLEM STATEMENT

While there is evidence from the previous OR conducted with the Jefatura de Area that systematic use of the algorithm can contribute to increasing MCH services provided by the MSPAS health centers and posts, much more remains to be done to increase coverage of the rural population with family planning and a full range of maternal-child health services. One of the obstacles to increasing coverage is the service delivery model most commonly used in the country's health centers. The basic model of attention that is used in the MSPAS health care system functions for the convenience of the provider, not the client; that is, the concierge or secretary determines who receives care and who does not; the physician sees a maximum of 20 patients daily no matter how many need attention; although a large proportion of the population of San Marcos is Mayan and speaks only a Mayan language, most health care providers are mono-lingual Spanish speakers; and there are many other deficiencies that can not be overcome through the use of an algorithm. While these deficiencies are not present in all health centers, they are widespread throughout the country.

Additional constraints to expansion of coverage arise from the general population's limited knowledge of health services provided by the health centers and posts. Although the MSPAS has trained thousands of health volunteers, a strategy to involve them in the promotion of maternal-child health in their communities has not been developed. As a consequence of the lack of outreach efforts, thousands of women lack knowledge about the services they could use to achieve their reproductive ideals. A strategy of community promotion was tested in Quetzaltenango in the previous project, but not in San Marcos. Evaluation of the strategy was complicated by several factors beyond the control of the project, such as the introduction of Depo Provera, resulting in the need to retest a community education strategy.

Another long-standing constraint for the health care system is the shortage of funds. The departmental budget is not growing either with the size of the population or with the need to increase coverage, nor are the Departments able to fully execute their budgets.

III. PROBLEM SOLUTION

To address the problems mentioned above, the Jefatura de Area of San Marcos proposed testing a Tripartite Strategy that involves 1) development and testing of a new, integrated model of care in one health center, 2) a strategy for community education, and 3) determining the feasibility of involving the elected leaders leaders (mayor and Municipal Corporation) and a Woman Communal Leader to improve the quality of care.

The new model of care was designed to 1) provide quality care to all who seek it; 2) provide integrated services for women and children; 3) provide services in a way that proactively identifies and cares for all the needs of the client in each consult; 4) demonstrate respect for the client from the moment (s)he enters; and 5) emphasize education of clients in prevention. The community education strategy previously tested in Quetzaltenango is being retested in San Marcos, and it will be evaluated using MSPAS service statistics and a community survey under the continued support from the Guatemala Cooperative Agreement. Its purpose is to educate women in the community about reproductive health and the services available in the health posts, and to increase use of the health posts. Political and financial support has been sought from the Mayor and Municipal Corporations of Tacaná and Concepción Tutuapa but so far without success.

IV. OBJECTIVES

The general objective is to test separately the components of a Tripartite service delivery model that involves the health center, the community, and the municipal political leaders to determine which components are effective in increasing coverage (increasing demand or supply or both).

The specific objectives are:

1 to design and test an open service delivery model, based on the clients' needs, for delivering basic maternal-child health care in health centers in order to improve quality of services and increase coverage.

2 to test whether community education conducted by volunteers increases utilization of maternal-child health services in health posts.

3 to determine the feasibility of securing financial and political support from the municipalities for health services.

V. METHODOLOGY

A. Open Model of Care - Concepción Tutuapa

Following training in self-esteem and quality of care, the health center staff conducted a mini-survey of residents' attitudes toward the health center. The instrument used was adapted from the mini-questionnaire McDonalds uses in its restaurants (see Annex 2). The questionnaire asks: how do you feel about the center, what do you like/not like, how would you like the center to be, what have you observed in the different areas of the center, and what more would you like to say? The Council provided TA to guide an analysis by the staff of the results and identification of key problem areas to be resolved. Structural and patient flow changes were made in the center. With continued funding from the Cooperative Agreement, the results of the changes will be assessed comparing the Concepción Tutuapa health center with another center in San Marcos, highlighting changes in waiting time, total amount of time patients spend in the center, changes in the capacity of the center, and changes in quality of care.

B. Community Education

The OR is testing the effect of community education through home visits made by trained volunteers who are supervised by the auxiliary nurse who works in the local health post. In general, in Guatemala health posts are very underutilized. The average number of patients seen daily at many health posts is as low as one. Therefore, this strategy aims to increase utilization of the health posts through community education and referral. In the first phase, with INOPAL III support, the intervention was implemented. Although INOPAL III support ends September 30, 1998, the intervention will be evaluated through a later community survey to be conducted with support from the Guatemala Cooperative Agreement.

This strategy was implemented in the district of Tacaná where there are nine health posts. Nine health posts from other districts were selected for a comparison group. The auxiliary nurses were trained in the methodology, along with district nurse, who served as their supervisor until her unexpected departure early in the study. The auxiliary nurses, in turn, selected and trained 58 community volunteers. Using previously designed educational materials developed for low-literates, the volunteers began making home visits, segmenting the population into three categories: women of fertile age, pregnant women, and women with children under one year of age. With continuing support from the Guatemala Cooperative Agreement, a community survey will be conducted after the end of the rainy season to assess the results.

VI. RESULTS

A. Open Model of Care

This component began with a diagnostic phase in which the health center service providers assessed their own services and conducted community interviews to identify the opinions of the clients about the health center and its strengths and weaknesses from the clients' point of view. The center made both structural changes and changes in the patient flow based on the findings of the survey. The center was painted (the mayor provided some of the paint), and two new areas for patient care were created out of existing space. Formerly, patients arrived, went to the waiting room, then pre-visit, waiting room again, the visit, then the waiting room yet again, the post-visit, and then they could leave. The patient flow was re-designed to eliminate the pre- and post- and the waiting in between. All services are now provided within the one visit with the provider - an open, integrated model of service delivery. The storage room was organized and a FIFO system implemented for contraceptives and medicines. The Jefatura de Area contributed new equipment to replace old equipment that was not in working order. Changes yet to be tested include: a numbering system to ensure patients are seen in the order in which they arrive, and assigning priority to patients who come from a distance, encouraging patients from the town to come in the afternoon, a time when normally no patients arrive at the center although providers are available. The identification of volunteer translators (Mayan/Spanish) has begun, but the system is not in place to be tested.

Preliminary analysis of service statistics demonstrate an increase in the average number of patients seen in the health center. In the eight months prior to initiation of the structural and patient flow changes, an average of 606 patients were seen monthly. In the first three months after the initiation of changes, the center is seeing an average of 781 patients monthly, a 33 percent increase.

B. Community Education

The nine auxiliary nurses recruited a total of 58 volunteers and trained them in the month of February 1998. Home visits by the volunteers peaked in March with a total of 343, thereafter steadily declining to 115 in the month of June. The decline has been due to drop-outs by volunteers who were not replaced, lack of incentive for their work particularly now that some other "volunteers" who are participating in the SIAS government program are receiving payment, a rainy season that has hit San Marcos especially hard this year, resulting in landslides that have wiped out three towns in the Tacaná district, and other obstacles. Data on services provided in the health posts has been difficult to obtain for both the intervention and the control posts because the government has changed its service statistics system several time during 1998, and data gathered are not comparable from one system to the next.

At the end of the first phase of this OR, activities were paralyzed, at least temporarily, because heavy rains had caused major landslides that seriously affected three of the nine intervention areas in the study, and access by road was limited for some time. Nonetheless, in early 1999, after the rainy season ends, a community survey will be conducted in Tacaná to determine the effects of this strategy.

C. Mayoral Involvement

The attempts to involve the mayor of Concepción Tutuapa have been somewhat successful. For example, he provided paint for improving the appearance of the health center and has agreed to inaugurate the new services and assist in disseminating information that the local residents should visit the clinics in the afternoon. All efforts at mayoral involvement in Tacaná have been unsuccessful.

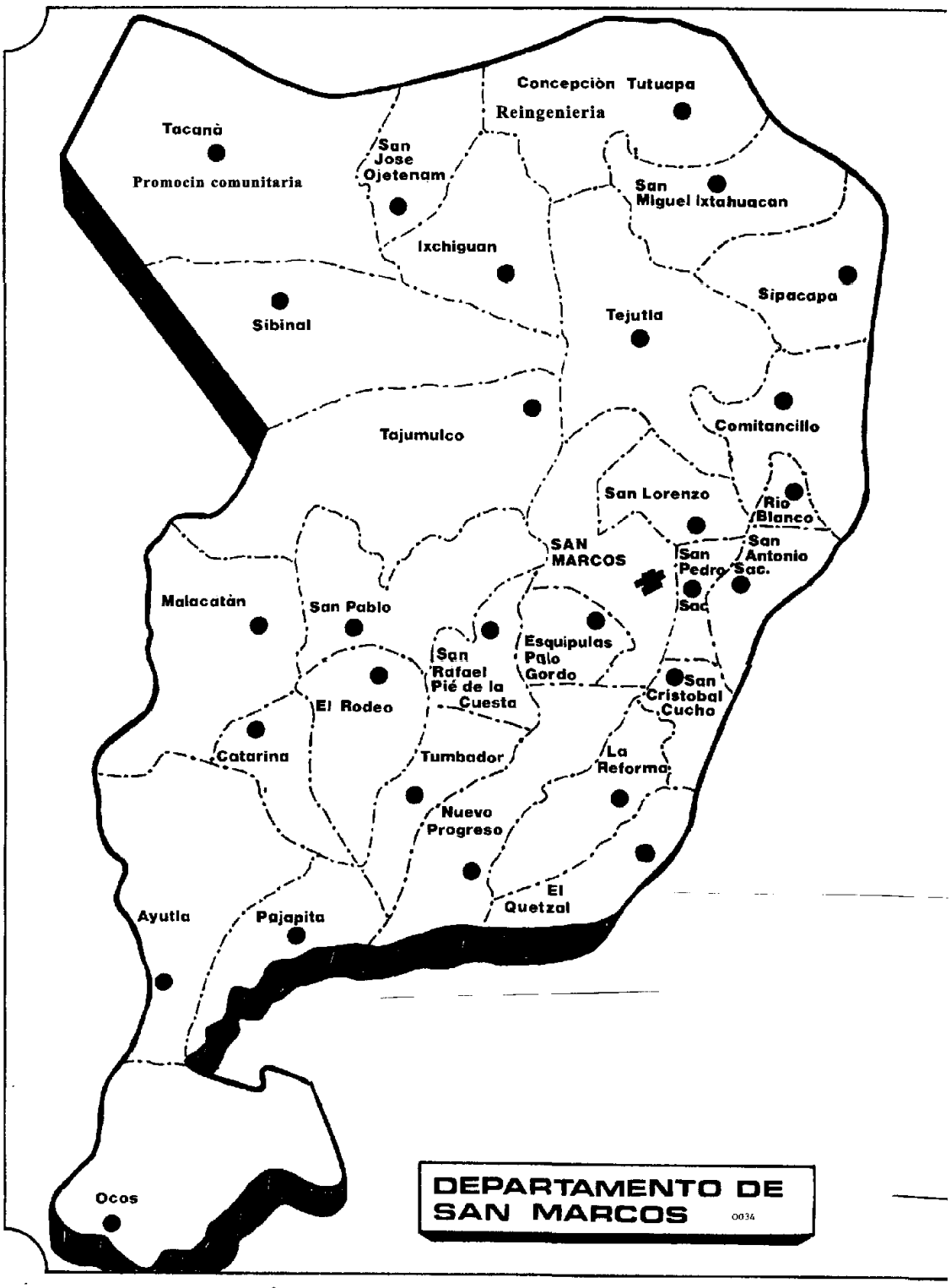
VII. DISCUSSION

Preliminary data show an increase in patients seen in the intervention health center in the order of 33 percent. An assessment of changes made to date and some pending will be made at a later date with continued funding from the Guatemala Cooperative Agreement. Assessment of increases in family planning services will be made at that time.

The strategy of community education to increase demand for services at the health post does not appear at this time to be bearing fruit. Home visits and referrals by volunteers have steadily decreased, and to date it has not been possible to gather service statistics to see if there is any increase in reproductive health services provided at the health post because of repeated changes in the MIS. The activities have also encountered numerous problems, including the resignation of the supervising nurse of the district in the early months of the study and the failure to find a replacement, as well as natural disasters that have hit San Marcos especially hard this year. However, these are problems that are inherent in the reality of Guatemala: the government has a hard time finding replacements for the more isolated districts, for example, and the success of any program using volunteers is highly dependent on regular supervision.

ANNEX

Annex 1. Map of San Marcos



Annex 2. Mini questionnaire for opinion survey

1. ¿Como se siente en el Centro de Salud? SOLO MARQUE UNA RAYA POR RESPUESTA			**BIEN:**	**REGULAR:**	**MAL:**
Use una casilla por cada cliente y escriba lo que él diga	**1:**	**2:**	**3:**	**4:**	**5:**
2 ¿Que le gusta del centro de salud?					
3. ¿Que es lo que <u>NO</u> le gusta del Centro de Salud?					
4. ¿Como le gustaría que fuera el centro de salud?					
5. ¿Que observó en los diferentes ambientes/lugares del centro de salud? <u>Mencione</u>: exterior del centro (el patio/jardin), sala de espera, secretaría, clínica, etc.					
6. ¿Le gustaría agregar algo más?					